

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101593,015

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	---	1					58						
9		2					59						
10		1					60						
11		1					61						
12							62						
13							63						
14							64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓			↓	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	←			←	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	11						TOTAL CLAIMS						